

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	10/1/99
O.I.P.E. CLASSIFIER		47	10/6/99
FORMALITY REVIEW	DMK	69169	10-13-99 / 312/00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✓	Allowed	I	Interference
✓	(Through numeral) Canceled	A	Appeal
✓	Restricted	O	Objected

Claim		Date
Final	Original	
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Claim		Date
Final	Original	
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Claim		Date
Final	Original	
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If more than 150 claims or 10 actions, staple additional sheet here

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